



Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

Personal Health: 509/886-6400 • FAX 886-6478

Environmental Health: 509/886-6450 • FAX 886-6449

Community Health & Preparedness: 509/886-6400 • FAX 886-6478

"Always Working for a Safer and Healthier Chelan County and Douglas County"

2011 Fee: \$50

Project Review For Drinking Water, Septic Systems, and Land-Use.

NAME AND MAILING ADDRESS OF APPLICANT:

CONTACT TELEPHONE NUMBER: _____

EMAIL ADDRESS OF APPLICANT: _____

NAME AND MAILING ADDRESS OF PROPERTY OWNER:

PROPERTY IDENTIFICATION:

COUNTY: _____

PROPERTY PARCEL NO. _____

PARCEL SIZE: _____

LEGAL DESCRIPTION (Subdivision or Short Plat Name, Block, and Lot). If possible, please attach.

DISCRIPTION OF PROPOSED PROJECT:

PRIVATE OR PUBLIC DRINKING WATER SUPPLY:

☐ Private. Please attach copy of existing private well location. Please attach previous applications.

☐ Public. Please provide current Public Water system name and ID Number.

☐ Proposed Drinking Water Supply:

☐ Public Water System Name and ID: _____

☐ Private Water System. Please indicate where proposed/existing well on site plan.

INDIVIDUAL OR PUBLIC WASTEWATER SERVICE:

☐ Existing septic system permit number(s) _____

Number of bedrooms: _____

Existing septic system drain-field and 100% drain-field reserve area must be protected (shown in scale).

☐ Connected to sewer utility district _____

☐ Is the property within 200 feet of a recognized public sewer utility?

☐ No ☐ Yes, Name: _____

LAND-USE:

☐ Boundary Line Adjustment Review:

____ Existing septic system(s) horizontal setbacks met

____ Well(s) setback maintained at 100 feet from drain-field

____ 100% Reserve area maintained for existing drain-field

____ Copies of revised covenants and easements recorded

☐ Other:

SITE PLAN: Please provide the proposed project site plan (drawn to scale) drawing of your proposed project that may affect the existing and neighboring drinking water supply and septic system. Please include any necessary easements, covenants, irrigation lines flood zones. Please include the copies of any related permits.

Copy of Building Permit site plan is required to be submitted with this application. Building Permit Number: _____

APPLICANT'S STATEMENT: I will comply with the rules and regulations of Chelan-Douglas Health District's Sanitary Code regarding drinking water supplies, on-site sewage systems, and land-use. I understand that any alterations or misrepresentation submitted will invalidate this review.

(Signature)